Project Title/Company Name: _		Date:
--------------------------------------	--	-------

QUALIFICATION AND RESOURCE FACTORS PROPOSED FOR THIS PROJECT (Bid greater than \$20,000)

REQUIRED INFORMATION – PRINT OR TYPE YOUR RESPONSES

This section must be entirely completed. In addition, the affidavit must be signed by authorized personnel and notarized for this bid to be considered. Failure to provide the requested information with a signed, notarized affidavit may result in the rejection of your bid proposal.

This section of the bid document will provide evidence to the City of Columbus Project owner that the contractor is compliant with Columbus City Code Chapter 329.

As part of the bid submitted in response to the solicitation for this project, the bidder is required to provide evidence of the bidder's responsibility, experience, skill and financial standing to successfully satisfy the requirements and specifications herein. The detailed information can be provided on the forms herein, or on sheets clearly marked as attachments. If necessary, the City may make other such investigations to determine the ability of the bidder to perform the work. The bidder shall furnish to the City or its representative all such information and data for this purpose as the City or its representative may request

The bidder and all subcontractors engaged on this project shall comply with the requirements of Chapter 329 of the Columbus City Codes, 1959 and regulations promulgated by the City. The bidder is required to complete the attached affidavit wherein the bidder certifies that the responses contained herein are true for the bidder, and the submittal requirements and considerations herein shall apply to the bidder and any subcontractors of the bidder. The bidder's affidavit shall apply even if the subcontractor is unknown/unspecified at the date and time the bid is due, or if the subcontractor is added or is replacing an existing subcontractor during the project work. The affidavit must be signed, notarized and submitted with the bid at the date and time the bid is due in order for the bid to be considered for an award recommendation.

If a bidder engages subcontractors in order to provide any of the necessary construction trade licenses/certificates to perform the work for this project, the bidder is required to identify those subcontractors in section M-5. Upon notice that a bidder is selected to receive a contract, the bidder shall provide information on all subcontractors, on a form prescribed by the City, within 10 days of the contract award notice.

EVALUATION METHOD

The City will award a contract(s) to the bidder submitting the overall lowest responsive, responsible and best bid in the best interest of the City of Columbus. When determining the bid award, the City shall consider mandatory, creditable, resource, history and experience factors. Unless otherwise stated herein, all factors shall apply equally to the bidder and all subcontractors for this project.

Project Title/Company Name	∂:	Date:
consideration. Note that if ther	ACTORS These requirements must be are requirements elsewhere in these to receive consideration for award.	
M-1 Responsive bidder: A be project.	bidder must be responsive to be con	nsidered for the award of this
-	nsive Bidder" is a bidder who has submit requirements set forth in an invitation for	
Have you completed and sign Factors?	ned the bidder affidavit regarding	Qualification and Resource
\Box yes	□ no	
•	your bid to determine that you have art of the specifications contained l□ no	<u>-</u>
•	City requires that the bidder and us taxes on payroll and net profits.	proposed subcontractor(s) be
Is the bidder compliant with C □ yes	City taxes on payroll and net profits ☐ no	(i.e. no obligation past due?)
Note that if the bidder's taxes City of Columbus, the correct	on payroll and net profits are not a response is "yes."	applicable (due or paid) to the
basis. If required, the City will	ilable: The City requires access to finally view the bidder's financial state ct, or considered a public record.	
Will the bidder make the c completed fiscal year available ☐ yes	company's audited financial state e to the City upon request? □ no	ment for the most recently

Project Title/Company Name		Date:
MANDATORY FACTORS (co	ontinued)	
M-4 Debarment: The City r currently debarred from doing bu	•	and any proposed subcontractor(s) be not nt-contracting agency.
Is the bidder currently deba agency?	arred from doing bus	iness with any government-contracting
□ yes	□ no	
If yes, please list the government barred from doing business, and		s) from which the proposed contractor(s) is barment expires:
GOVERNMENT CONTRACT	TING AGENCIES	DEBARMENT EXPIRATION DATE
If the above table is blank, have	you attached this information	ation?
□ yes	□ no	

Project Title/Company Nam	1e:	Date:
MANDATORY FACTORS (continued)	
workforce with the licenses/cer Where the employees with comby the bidder but are being necessary licenses/certificates	icenses/Certificates Required: The birtificates for the construction trades required: construction trades licenses/certificate ag provided by subcontractors in order to perform the work for this project on of the bid at the date and time the	aired to complete this Project. s are not employed directly der to provide any of the things, those subcontractors must
	vide a workforce that includes all of the ons for the construction trades necess roject?	-
□ yes	□ no	
Does the bidder propose to er □ yes	ngage subcontractors to comply with № □ no	M-5 (above)?
If yes, list the all of the subcon	tractors that will be engaged to provide s	such personnel.
SUBCONTRACTOR COMP	PANY NAMES (required information)
If the above table is blank, have	e you attached this information?	
□ yes	□ no	

MANDATORY FACTORS (continued)
M-6 Contract Compliance: The City requires that the bidder and all proposed subcontractors must hold a valid contract compliance number or have attached completed application (s) to the bid submittal.
The City of Columbus Equal Business Opportunity Commission Office (EBOCO) Executive Director grants Contract Compliance Certification. All bidder(s) and subcontractor(s) that do not have a contract compliance number or include an application to secure a contract compliance number with the bid may be deemed non-responsive and not be considered for the bid award.
Does the bidder and each subcontractor company listed in M-5 (above) have a City of Columbus contract compliance certification number or an application attached to the bid? □ yes □ no
Companies with expired contract compliance certification numbers will be given seven business days after the bid submittal date to update their contract compliance information. If

Date:

Project Title/Company Name:

Companies with expired contract compliance certification numbers will be given seven business days after the bid submittal date to update their contract compliance information. If the contract compliance information has not been updated after seven business days the bid will be deemed non-responsive and will no longer be considered.

Contract compliance certification generally expires after three years, however, you are advised to confirm the status of your certification prior to submitting this bid. To check the status of your compliance certification, please contact the EBOCO staff at 614-645-2192. To obtain a contract compliance application, contact the EBOCO staff or retrieve the document from the EBOCO website at www.eboco.ci.columbus.oh.us/contract.

TIER I - EVALUATION RESULTS: In addition to satisfying other requirements specified in this bid, bidders that are determined responsive to these mandatory factors shall be considered for further evaluation under Tier II - Creditable Factors.

(see next page for a continuation of this section)

Project Title/Company Name:	Date:
	These factors may mathematically lower the termining the "lowest bid." Note that the total credit ximum credit of \$100,000.00.
	er shall receive credit equal to one (1) percent of the lowest re bids exceed twenty thousand dollars (\$20,000.00) not to
An individual or business entity: (1) vector corporation limits of the city of Columbia documents filed with the Secretary of S	ccording to the City of Columbus Code is: whose principal place of business is located within the nbus or the county of Franklin as registered in official state, state of Ohio, or Franklin County recorder's office; nse which indicates that its place of business is located of Columbus or county of Franklin.
Does the bidder (only) meet this definit ☐ yes	ion of "local business?" □ no
C-2 Local Workforce credit A bidder	with a local workforce shall receive credit equal to one (1) re bids exceed twenty thousand dollars (\$20,000.00) not to
The bidder draws its (proposed for the	for the purpose of this bid solicitation shall be: his Project) employees mainly (51%) from Columbus, s to Franklin County. Note: see Appendix A. Franklin or applicable "local" zip codes.
Does the bidder's workforce for this pr ☐ yes	oject meet this definition of "local workforce?" □ no
· •	lit A bidder who provides quality training shall received owest bid submitted, where bids exceed twenty thousand mum credit of \$20,000.00.
shall be: A proposed contractor(s) v bona fide apprenticeship program	g Contractor" for the purpose of this bid solicitation whose employees graduated from or participate in a that is approved by the Ohio State Apprenticeship rtment of Labor if such apprenticeship programs are
Does the bidder meet the definition of " $\hfill\Box$ yes	Quality Training Contractor?" □ no

Project Title/Company Name:			Date:
CREDITABLE FACTORS (continue	ed)		
C-4 Health Insurance Provided crecedit equal to one (1) percent of the dollars (\$20,000.00) not to exceed a material equal to the exceed a material equal equal to the exceed a material equal equ	lowest bi	d submitted, where bids	
The definition of "Health Insurance employer pays directly, or throug employees (proposed to work on t fide plan administrator. Note that s such that the employee then must specifically does not meet the accept	gh an ager his Project; imply prov obtain his/	at, a portion of a premium of into a health insurance pro- iding additional wages direct ther own health insurance of	m on behalf of its rogram with a bona ctly to the employee
Does the bidder provide employees h	ealth insu	rance in accordance wit	th the definition?
□ yes		□ no	
If yes, please indicate percentage paid by EMPLOYER PAYS	%	EMPLOYEE PAYS	%
If yes, provide the names, addresses and to and telephone numbers of their respective of NAME OF PLAN/PROVIDER:			
CONTACT NAMES		ADDRESSES	TELEPHONE #
If the above table is blank, have you att □ yes	ached this	information? □ no	

Project Title/Company Name:			Date:
CREDITABLE FACTORS (conti	inued)		
C-5 Retirement or Pension Plan I plan shall receive credit equal to otwerty thousand dollars (\$20,000.0	one (1) percei	nt of the lowest bid subr	nitted, where bids excee
The definition of "Retirement shall mean that the employed Project), contributes directly with a bona fide plan admit directly to the employee such or pension plan on the opposition.	r, on behalf of the control of the c	of its employees (propose an agent, into a retireme ote that simply providing oyee then must obtain his/	ed to work on this nt or pension plan g additional wages ther own retirement
Does the bidder provide their emdefinition?	ployees a ret	tirement or pension plan	n in accordance with th
□ yes		□ no	
If yes, please indicate percentage paid	by		
EMPLOYER PAYS	%	EMPLOYEE PAYS	%
If yes, provide the names, addresses a and telephone numbers of their respect NAME OF PLAN/PROVIDER:		pple. (Attach additional doc	eumentation if necessary.)
CONTACT NAMES		ADDRESSES	TELEPHONE #
If the above table is blank, have you yes	attached this	s information?	

Project Title/Company Name:	Date:
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TIER II EVALUATION RESULTS: All bidders that submitted a bid price that is now evaluated to be within 10% of the lowest responsive bid submitted are to be considered "relatively equivalent bids." All relatively equivalent bids shall be considered for further evaluation under Tier III History Factors, Tier IV Experience and Resource Factors.

After the application of the mandatory and creditable factors; the history, experience and resource factors are also considered by the City of Columbus to determine the responsible and best bidder in the best interest of the City of Columbus for the purposes of this Project.

The definition of "Responsible Bidder" according to the City of Columbus Code is: A bidder who has the capability, capacity, facilities, equipment and personnel needed to fully perform the contract requirements, and the experience, integrity, reliability and credit which will assure good faith performance of the contract requirements and compliance with any minority business enterprise, female business enterprise, and equal business opportunity programs or good faith efforts to comply with such programs adopted by the city of Columbus.

The definition of "Best Bidder" according to the City of Columbus Code is: The bidder who,-considering all factors set forth [in this chapter] connected with the contract being bid on is, on the whole, the bidder whom economy dictates will be best for the public.

After considering the history, experience and resource factors, the City shall award the contract to the lowest, responsive, responsible, and best bidder in the best interest of the City of Columbus.

(see next page to continue this section)

Project Title/Company Name:	Date:
TIER III - HISTORY AND EXPERIENCE FACTORS	
HE-1 City of Columbus Affirmative Action Compliance: Within bidder and all proposed subcontractors must be and have been in corprograms which the city is required by law to enforce in connection procurement contract(s.) Will your company make a good faith effo Business Opportunity program adopted by the City of Columbus? Note: The Equal Business Opportunity program information is available Business Opportunity Commission Office (EBOCO) (614) 645-4764.	mpliance with affirmative action with funds expended under the rt to comply with the Equal
Does the bidder have a record of noncompliance with this requir	rement?
	cinent.
If yes, please provide details such as the year, circumstances related to the name and telephone number of the contact.	o non-compliance? Also include
-	
If yes, and the above table is blank, have you provided an attachmen	t?
□ yes □ no	
HE 2 Affirmative Action Programs Compliance: Within the last all proposed subcontractors must be and have been in compliance affirmative action programs during their existence.	` * *
The definition for "Compliance with Affirmative Action Program bidder nor all proposed subcontractors have been cited for failustate, and local affirmative action requirements.	
Does the bidder have a record of noncompliance with this requir	rement?
□ yes □ no	
If yes, please provide details such as the year, circumstances related include the name and telephone number of the contact.	to non-compliance? Also
•	
If yes, and the above table is blank, have you provided an attachmen	t?
□ yes □ no	

Project Title/Company Name:	Date:
HISTORY AND EXPERIENCE FACTORS (cont	inued)
HE-3 Successful claims against performance bond	\mathbf{s}
Does the bidder have a record of any paid claims a secured on public improvement construction projection by the projection of the projecti	ects within the last three (3) years?
If yes, please provide details such as the year, circum- including whether the public project owner or the sur- telephone number of the contact that collected the cla	ety paid the claim? Also include the name and
If yes, and the above table is blank, have you provide □ yes □	d an attachment?
HE-4 Successful claims for liquidated damages	
Does the bidder have a record of any liquidated day by the contractor to the public improvement or property \Box yes	ivate construction project owner(s)?
If yes, please provide details such as the year, circum. Also include the name and telephone number of the c	
If yes, and the above table is blank, have you attached	this information?

Project Title/Company Name:	Date:
HISTORY AND EXPERIENCE FACTORS (continu	ed)
HE-5 Principals History and Experience	
Do the principals of the bidder or any of their princip Project have a record, within the last three (3) years, other violations of law related to the enforcement of a upper large principals of the bidder or any of their principals of the principals of the principals of the bidder or any of their principals of the principals of the bidder or any of their principals of the bidder or any of their principals of the principals of the bidder or any of their principals of the bidder or any of the bidder	of being convicted of fraud, collusion, or
If yes, please provide details such as the name(s) of the principal's current status with regard to any penalty l	
If yes, and the above table is blank, have you attached the \Box yes	
L yes	,
HE-6 Debarment	
Does the bidder have a record of debarment from contracting agency, within the last three (3) years?	n doing business with any government-
□ yes □ no	
If yes, please list the government-contracting agency subcontractor(s) were barred from doing business, and the	
GOVERNMENT CONTRACTING AGENCIES	DEBARMENT EXPIRATION DATE
If no, and the above table is blank, have you attached this \Box ves	

Project Title/Company Name:	Date:	
HISTORY AND EXPERIENCE FA	CTORS (continued)	
HE-7 Labor/Compensation Compli	ance	
Does the bidder have a record of vio	plations within the last three (3) years for any of the	
A. Fair Labor Standards Act?		
□ yes	□ no	
B. Prevailing Wage Laws?		
□ yes	□ no	
C. Unemployment Compensation I	aws?	
□ yes	□ no	
D. Workers Compensation Laws? ☐ yes Note: Attach a copy of current Ohi	☐ no o Bureau of Workers Compensation Certificates.	
list of the violations for each factor, the	these Labor/Compensation factors, please provide a detance year and the bidder's and proposed subcontractor(s) cure malty that may have been levied as the result of the violation	rrent
If you and the above table is blank by	via viau attached this information?	
If yes, and the above table is blank, ha \Box yes	ove you attached this information? □ no	

Project Title/Company Name:	Date:
HISTORY AND EXPERIENCE FACTORS (continued)
HE -8 Safety Compliance - OSHA	
Does the bidder have a record of any "Willful' Administration (OSHA) violations within the ☐ yes	or "Serious" Occupational Health and Safety ast three (3) years? □ no
	to most former) of the violations and the proposed and any penalty that may have been levied as the
If yes, and the above table is blank, have you atta	ched this information?
□ yes	□ no
HE-9 Safety Compliance – Health and Safety	Plans
Does the bidder have a health and safety plan standards?	that is compliant with current OSHA
\Box yes	\square no
If asked, will the bidder provide a copy of their $\hfill\Box$ yes	r on-site safety plan? □ no
If asked will the bidder provide a copy of his/OSHA – 29 CFR 1904?	her OSHA 200-300 log (up to three years) under
□ yes	□ no

Project Title/Co	mpany Name:		Date:
HISTORY AND I	EXPERIENCE FACTORS	S (continued)	
•	npliance – Bureau of Wor fication Rating (EMR)	rkers Compensation (l	BWC)
Does the bidder q ☐ yes	ualify for a BWC EMR?	□ no	
If yes, please provi	de your rating:		
If yes, please provi	de the EMR for this curren	t year and for the two m	nost recent prior years:
EMR for:	CURRENT YEAR	LAST YEAR	YEAR BEFORE LAST
Name of Home State:			
Interstate			
Other State Name:			
Other State Name:			
If the above table i □ yes	s blank, have you attached	this information?	
HE –11 Health C	ompliance - EPA		
Does the bidder h within the last thr	ave a record of any Envirge (3) years?	onmental Protection A	Agency (EPA) violations
\Box yes		□ no	
• • •	nt status with these violation		the violations and the proposed at may have been levied as the
If yes, and the above	ve table is blank, have you a	attached this informatio	n?
□ yes	, ,	□ no	

Project Title/Company Name:		Date:
HISTORY AND EXPERIENCE	E FACTORS (continued)	
most current completion date where the bidder and subcontra	ist three (3) most recent and similar proto least current completion date.) Yeartor were subcontractors.	•
Most recently completed simil		
COMPANY NAME	PROJECT MANAGER NAME	
PROJECT NAME/TITLE	PROJECT OWNER	
LOCATION/CITY	OWNER CONTACT PERSON NAME**	
ORIGINAL CONTRACT	CONTACT PERSON	
\$AMOUNT FINAL CONTRACT	TELEPHONE NUMBER \$AMOUNT OF CHANGE	
\$AMOUNT	ORDERS	
ORIGINAL COMPLETION	FINAL COMPLETION DATE	
DATE EXPECTED	(FINAL PAYMT RECEIVED)	
QUANTITY OF CHANGE ORDERS	REASONS FOR CHANGE ORDERS	LIST BELOW:
DESCRIPTION OF CHANGE ORDER	REASON	
DESCRIPTION OF	REASON	
CHANGE ORDER DESCRIPTION OF	REASON	
CHANGE ORDER		
DESCRIPTION OF CHANGE ORDER	REASON	
DESCRIPTION OF	REASON	
CHANGE ORDER		
DESCRIPTION OF	REASON	
CHANGE ORDER WAS THERE AN	WAS THE OPERATIONAL	
OPERATIONAL	DEMONSTRATION	
DEMONSTRATION	REQUIREMENT MET?	
REQUIREMENT?	WAS THE SUBSTANTIAL	
WAS THERE A SUBSTANTIAL	WAS THE SUBSTANTIAL COMPLETION DATE MET?	
COMPLETION DATE SET?	COMPLETION DATE WILL:	
WAS THERE A PUNCH LIST	IS THERE ANY ITEM ON	
ISSUED AND COMPLETED	THE PUNCH LIST STILLL	
AFTER THE COMPLETION DATE?	IN DISPUTE? PLEASE EXPLAIN.	
If the above table is blank, have y		
□ yes	□ no	

COMPANY NAME	PROJECT MANAGER NAME	
PROJECT NAME/TITLE	PROJECT OWNER	
LOCATION/CITY	OWNER CONTACT PERSON NAME**	
ORIGINAL CONTRACT \$AMOUNT	CONTACT PERSON TELEPHONE NUMBER	
FINAL CONTRACT \$AMOUNT	\$AMOUNT OF CHANGE ORDERS	
ORIGINAL COMPLETION DATE EXPECTED	FINAL COMPLETION DATE (FINAL PAYMT RECEIVED)	
QUANTITY OF CHANGE ORDERS	REASONS FOR CHANGE ORDERS	LIST BELOW:
DESCRIPTION OF CHANGE ORDER	REASON	
WAS THERE AN OPERATIONAL DEMONSTRATION REQUIREMENT?	WAS THE OPERATIONAL DEMONSTRATION REQUIREMENT MET?	
WAS THERE A SUBSTANTIAL COMPLETION DATE SET?	WAS THE SUBSTANTIAL COMPLETION DATE MET?	
WAS THERE A PUNCH LIST ISSUED AND COMPLETED AFTER THE COMPLETION DATE?	IS THERE ANY ITEM ON THE PUNCH LIST STILLL IN DISPUTE? PLEASE EXPLAIN.	

Project Title/Company Name:_____

HISTORY AND EXPERIENCE FACTORS (continued)

_Date:_____

Project Title/Company Name:		Date:		
HISTORY AND EXPERIENCE FACTORS (continued)				
HE-12 – Completed Projects (continued)				
3. Third most recently completed s	imilar project:			
COMPANY NAME	PROJECT MANAGER NAME			
PROJECT NAME/TITLE	PROJECT OWNER			
LOCATION/CITY	OWNER CONTACT PERSON NAME**			
ORIGINAL CONTRACT	CONTACT PERSON			
\$AMOUNT	TELEPHONE NUMBER			
FINAL CONTRACT	\$AMOUNT OF CHANGE			
\$AMOUNT	ORDERS			
ORIGINAL COMPLETION	FINAL COMPLETION DATE			
DATE EXPECTED	(FINAL PAYMT RECEIVED)			
QUANTITY OF CHANGE	REASONS FOR CHANGE	LIST BELOW:		
ORDERS	ORDERS			
DESCRIPTION OF	REASON			
CHANGE ORDER				
DESCRIPTION OF	REASON			
CHANGE ORDER	DE LOOM			
DESCRIPTION OF	REASON			
CHANGE ORDER	DEAGON			
DESCRIPTION OF CHANGE ORDER	REASON			
DESCRIPTION OF	REASON			
CHANGE ORDER	KLASON			
DESCRIPTION OF	REASON			
CHANGE ORDER	KL/ BOIN			
WAS THERE AN	WAS THE OPERATIONAL			
OPERATIONAL	DEMONSTRATION			
DEMONSTRATION	REQUIREMENT MET?			
REQUIREMENT?				
WAS THERE A	WAS THE SUBSTANTIAL			
SUBSTANTIAL	COMPLETION DATE MET?			
COMPLETION DATE SET?				
WAS THERE A PUNCH LIST	IS THERE ANY ITEM ON			
ISSUED AND COMPLETED	THE PUNCH LIST STILLL			
AFTER THE COMPLETION	IN DISPUTE? PLEASE			
	EXPLAIN.	i		

□ yes □ no

^{**}The owner contact person should be the individual most familiar with the project activities and works in progress, not a receptionist

Project Title/Compan	y Name:				Date	
TIER IV – RESOURC human resources and equathe City to determine the the purposes of this Proj	uipment proposed for e responsible and best	this Pr	oject. These	factors shall	also be co	nsidered by
R-1 Equipment Identi equipment status: ow documentation if necess.	ned, leased for on					
	t description		Quantity	Owned	Leased	Rented
If the above table is blan □ yes R-2 Experienced M experience and recent e Project Foreman, who	anagement Workfo	orce Id	□ no lentify, by rets, the Project	et Manager,	Project E	ngineer and
necessary). Management Position	Name of Person	# Vrc	Experience	Pocont F	vnorioneo '	Explained
Management I ostion	Name of Ferson	# 115	Experience	Kecent E.	xperience.	Explained
PROPOSED PROJECT MANAGER						
PROPOSED PROJECT ENGINEER						
PROPOSED PROJECT FOREMAN						
If the above table is blan	k, have you attached	this inf	Formation?			
\square yes			□ no			
R-3 Experienced Emp construction pertaining t	•	mploye	es are require	d to be expo	erienced in	the area of
Does your company ha under this project in the □ yes	· -		experienced	manpower	to perforn	n the work

Project Title/Company Name	e:	Date:	
RESOURCE FACTORS (cont	tinued)		
R-4 Safety Personnel			
Provide the name and telephone	ne number of your assigned safety profe	ssional:	
Company name	Safety Professional Name	Telephone Number	
If the above table is blank, have	•		
□ yes	□ no		
Provide the name and telephone	ne number of your on-site/local safety co	ompetent professional:	
Company name	On-site Safety Professional Name	Telephone Number	
If the above table is blook hove			
If the above table is blank, have \Box yes	you attached this information? □ no		
_ 5 00			
R-5 Current Projects		4 11.	
	est to smallest), list the top five (5) cus for bidder and/or subcontractors. You		
where the bidder and subcont		ou may meruue projects	
No applicable projects for	or bidder or proposed subcontractors		
Two applicable projects is	or blader or proposed subconfidences		
4 77 1 1 1 1 1			
1. Top project by dollar amount	:		
COMPANY NAME	PROJECT MANAGER NAME		
PROJECT NAME/TITLE	PROJECT OWNER		
LOCATION/CITY	OWNER CONTACT PERSON		
	NAME**& TELEPHONE		
ORIGINAL CONTRACT	NUMBER ORIGINAL COMPLETION		
\$AMOUNT	DATE EXPECTED		
If the above table is blank, have	you attached this information?		
□ yes	□ no		

Project Title/Company Name: _	Date:
RESOURCE FACTORS (contin	nued)
R-5 Current Projects (continue	d)
2. Second highest project by dollar	ar amount:
COMPANY NAME	PROJECT MANAGER NAME
PROJECT NAME/TITLE	PROJECT OWNER
LOCATION/CITY	OWNER CONTACT PERSON NAME**& TELEPHONE NUMBER
ORIGINAL CONTRACT \$AMOUNT	ORIGINAL COMPLETION DATE EXPECTED
3. Third highest project by dollar	amount:
COMPANY NAME	PROJECT MANAGER NAME
PROJECT NAME/TITLE	PROJECT OWNER
LOCATION/CITY	OWNER CONTACT PERSON NAME**& TELEPHONE NUMBER
ORIGINAL CONTRACT \$AMOUNT	ORIGINAL COMPLETION DATE EXPECTED
If the above table is blank, have you see I yes 4. Fourth highest project by dollar	□ no
COMPANY NAME	PROJECT MANAGER NAME
PROJECT NAME/TITLE	PROJECT OWNER
LOCATION/CITY	OWNER CONTACT PERSON NAME**& TELEPHONE NUMBER
ORIGINAL CONTRACT \$AMOUNT	ORIGINAL COMPLETION DATE EXPECTED
If the above table is blank, have yo □ yes	ou attached this information?

RESOURCE FACTORS (continued)		
R-5 Current Projects (continued)		
5. Fifth highest project by dollar amount	:	
COMPANY NAME	PROJECT MANAGER NAME	
PROJECT NAME/TITLE	PROJECT OWNER	
LOCATION/CITY	OWNER CONTACT PERSON NAME**& TELEPHONE NUMBER	
ORIGINAL CONTRACT \$AMOUNT	ORIGINAL COMPLETION DATE EXPECTED	
If the above table is blank, have you attack	ched this information?	
□ yes	□ no	
**The owner contact person should be th works in progress, not simply a reception		ne project activities and

_Date:_____

Project Title/Company Name:_____

TIER III AND IV EVALUATION RESULTS: In addition to other requirements specified, after considering these history, experience and resource factors, the City shall award the contract to the lowest, responsible, and best bidder in the best interest of the City of Columbus.

END OF THIS SECTION

Project Title/Company Name:		Date:
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APPENDIX A of QUALIFICATION AND RESOURCE FACTORS

FRANKLIN AND CONTIGUOUS COUNTIES ZIP CODES

Contiguous counties include: Delaware, Fairfield, Licking, Madison, Pickaway, and Union

43001	43040	43086	43154	43219	43267	43150
43002	43041	43093	43156	43220	43268	43153
43004	43046	43102	43157	43221	43269	43155
43007	43051	43103	43162	43222	43271	43164
43008	43055	43105	43163	43223	43272	43344
43013	43057	43109	43201	43224	43285	43272
43015	43058	43110	43202	43226	43286	43285
43016	43061	43112	43203	43227	43287	43286
43017	43062	43113	43204	43228	43291	43287
43018	43064	43116	43205	43229	43299	43291
43021	43065	43117	43206	43230	43721	43299
43023	43066	43119	43207	43231	43740	43721
43025	43067	43123	43209	43232	43003	43740
43026	43068	43125	43210	43234	43045	43003
43027	43069	43126	43211	43235	43074	43045
43029	43071	43136	43212	43236	43054	43074
43030	43073	43137	43213	43240	43056	43054
43031	43074	43140	43214	43251	43080	43056
43032	43077	43143	43215	43253	43107	43080
43033	43081	43146	43216	43260	43130	43107
43035	43082	43147	43217	43265	43145	
43036	43085	43151	43218	43266	43148	

	QUALIFICATION ANI	N RESOURCE EACTC	nps
		AFFIDAVIT	, in the second
of this bid proposa	as an authorized company official entitled "Qualification and Retely identify and explain the operately	source Factors Proposed for	
	(compar	ny name)	·
_	as an authorized company of considerations herein apply equal		
bid proposal. Th	acknowledges that any material ne undersigned agrees to permit fy responses in the section of the for this Project."	it access to any relevant a	and pertinent reports and
Company official's	s signature and title:		
Signature		Date	
Printed name and t	itle		
A NOTA	RY PUBLIC MUST WITNESS	SIGNATURE OF COMPA	ANY OFFICIAL
State of			
County of			
Sworn before r	me and subscribed in my presence	e on thisday of	20
The affiant did star free will.	te that he/she was properly author	rized to execute the affidavit	and did so of his/her own
State Seal			

Project Title/Company Name:_____

My commission Expires _____

Notary Public

_Date:_____